national partnership for women & families
Because actions speak louder than words.

**Before the**
**FEDERAL COMMUNICATIONS COMMISSION**
**Washington, DC 20554**

| | | |
|---|---|---|
| In the Matter of | ) | |
| | ) | WC Docket No. |
| Promoting Telehealth for Low-Income Consumers | ) | 18-213 |
| | ) | |

## COMMENTS OF THE NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES

The National Partnership for Women & Families is pleased to submit these comments in response to the August 3, 2018, Notice of Inquiry (NOI) seeking input about proposed FCC pilot programs to promote telehealth for consumers with low incomes (Connected Care). The National Partnership for Women & Families is a nonprofit, nonpartisan organization that has fought for decades to strengthen our health care system and advance the rights and wellbeing of women.

We commend the Commission for recognizing the potential for telehealth technologies to expand access to health care in underserved areas of the country and for proposing pilot programs to better understand the connection between access to broadband and access to care. As discussed below, a number of program design issues raised in the NOI are critically important to women, especially women of reproductive age who have low incomes.

As the Commission is aware, the United States is facing a severe provider shortage. Sixteen percent of women in the U.S. report having no doctor, with state/territorial variations ranging from six percent (Massachusetts) to 26 percent (Texas and the Virgin Islands).[1] Ten million women live in counties where there is no OB/GYN provider.[2] Women living in underserved areas often face multiple barriers, such as lack of transportation and difficulty

1875 connecticut avenue, nw ~ suite 650 ~ washington, dc 20009 ~ phone: 202.986.2600 ~ fax: 202.986.2539
email: info@nationalpartnership.org ~ web: www.nationalpartnership.org

leaving children and jobs to travel to receive health care. For example, the 37 million people working in the private sector without access to paid sick days are too often forced to make the impossible choice between risking their financial stability and risking their health. Due to systemic racism, women of color experience the effects of these barriers disproportionately. Overall, women who live in underserved areas are at high risk for reproductive health conditions, due to poverty, isolation, and limited access to care.[3]

In brief comments below, we encourage the Commission to consider women's comprehensive health care needs in designing Connected Care pilot programs, with particular attention to women of color and communities facing the most severe barriers to accessing health care. Specifically, our comments urge the Commission to 1) Define underserved areas broadly; 2) Support use of a range of telehealth modalities in Connected Care; 3) Consider including alternatives to broadband, especially mobile technologies, for delivery of telehealth services; 4) Facilitate participation of reproductive health care providers in Connected Care; 5) Adopt performance measures that address health disparities; and 6) Leverage Connected Care to promote patient protections in telehealth.

## 1. Connected Care Should Define Underserved Area Broadly

We strongly urge the Commission to adopt a broad definition of underserved area for the Connected Care program. Barriers in rural areas are real, due to provider shortages, travel distances, and other circumstances. Rural women receive fewer preventive services such as behavioral health screenings and screenings for cervical and breast cancer. As a result, they often experience poor reproductive health outcomes, including higher rates of cervical cancer.

At the same time, women with low incomes in non-rural areas may face similar barriers, including lack of providers, work and caregiving responsibilities, and inadequate public transportation. As mentioned above, women of color face additional burdens and barriers of racism in the health care system.

As a result, women with low incomes in both rural and non-rural areas could benefit from expanded telehealth options. Connected Care programs should not miss an opportunity to address barriers to care by adopting a narrow definition of underserved area.

The Health Resources and Services Administration (HRSA) uses criteria to designate Medically Underserved Areas (MUAs) and Health Provider Shortage Areas (HPSAs), as separate classifications from Rural Areas.[4] This underscores the reality that in the health context underserved areas are not necessarily rural for the purposes of understanding and addressing access barriers. We strongly recommend referring to these definitions as a guide to defining the reach of Connected Care programs.

## 2. Connected Care Programs Should Support Use of a Range of Telehealth Modalities

We urge the Commission to explore ways that pilots can support a range of telehealth modalities, including asynchronous modalities as well as live video. Asynchronous, or "store and forward," modalities have become accepted ways to facilitate patient-provider interaction over distances. Unlike video, which requires patients and providers to be available at the same time, store-and-forward technology is patient-centered, allowing access to care at any time and any place with internet service. Such flexibility is particularly helpful to deliver care to women of reproductive age who may be working or caregiving during typical provider hours. Given the NOI's emphasis on facilitating access to care in settings other than health care facilities, it is appropriate to consider all appropriate modalities for the Connected Care program.

## 3. The Commission Should Consider Alternatives to Broadband, Including Mobile Technologies, for Delivery of Telehealth Services through Connected Care

While expanding access to broadband for telehealth is an important goal, we believe it should not be the sole focus of Connected Care pilots. Data from the 2017 Health Information National Trends Survey (HINTS) found that more than 80 percent of people own a smartphone or tablet, and nearly half of them have a health or wellness app on their device.[5] Limiting Connected Care to broadband delivery could mean less diverse participation, potentially widening existing disparities in access to health care.

Women and members of underserved communities would particularly benefit from easier ways of accessing health care and health care information through mobile devices. For instance, recent research shows that Black and Latino people are more likely to use mobile phones than landlines, and more likely to access the internet through mobile devices.[6] Women, in particular, use technology to search for and track health-related information at significantly higher rates than men. For example, 43 percent of women use tablets or smartphones to help them track progress on a health-related goal such as quitting smoking, losing weight or increasing physical activity, compared to 36 percent of men. Women are also significantly more likely than men to have sent or received a text message to or from their health care provider within the last year (32 percent of women compared to 26 percent of men).[7]

We urge the Commission to consider piloting alternatives to broadband for telehealth delivery, in particular Connected Care programs that leverage mobile access. Mobile technologies not only allow patients to access real-time information, they also allow patients without broadband to interact with providers from home.[8] Prioritizing Connected Care services provided via mobile phones and smart devices may address disparities in broadband access or differences in preferred technologies.

## 4. The Commission Should Facilitate the Participation of Reproductive Health Care Providers in Connected Care

We greatly appreciate the Commission's interest in high-risk pregnancy as a possible focus for Connected Care,[9] and believe a comprehensive approach to women's health is imperative to pursue the laudable goal of addressing high-risk pregnancy. In particular, we urge the Commission to facilitate participation of reproductive health care providers in Connected Care.

Given the barriers faced by women with low incomes in underserved areas, reproductive health care must be prioritized in any effort to improve access in underserved areas through telehealth. Reproductive health care is basic health care that is key to optimal maternal and birth outcomes.

Reproductive health care providers are best suited to provide high-quality reproductive health services such as contraception and contraceptive counseling. In addition, many women consider their reproductive health care provider to be their primary source of health care. Women of reproductive age place great trust in their OB/GYNs, and overwhelmingly (90 percent) say they want the option of seeing an OB/GYN as their main provider.[10] Two in three women (65 percent) say they would trust an OB/GYN to provide most of their routine care and help them manage their care.[11] Women rate their OB/GYNs higher than general practitioners on a number of measures, such as listening, cultural understanding, and shared decision-making.[12]

For these reasons, the Connected Care pilot designs should facilitate strong participation of reproductive health care providers. Without this participation, women in underserved areas may not benefit from efforts to expand access to care through telehealth.

## 5. The Commission Should Adopt Performance Measures that Address Health Disparities

We urge the Commission to adopt performance measures for Connected Care that address disparities in health status and access to care. As noted above, many women in underserved areas face access barriers that are compounded by systemic racism, sexism, and poverty. Ultimately, health care innovations like telehealth will fail to deliver access and quality that everyone deserves unless systemic inequities are addressed. The Connected Care program presents a unique opportunity to design performance monitoring and program evaluation plans that assess the value of telehealth in overcoming disparities.

We refer the Commission to resources of the influential National Quality Forum (NQF) in designing performance criteria and program evaluations.[13] The work of the NQF supports

health care stakeholders to address and mitigate the impact of health disparities. Measures that consider social determinants of health and address cultural competence are "essential to promoting the health of populations adversely affected by disparities and ensuring equitable allocation of healthcare resources."[14] We strongly urge the Commission to incorporate and vigorously pursue health equity goals as it moves forward to develop Connected Care.

### 6. The Commission Should Leverage Connected Care to Promote Patient Protections in Telehealth

We urge the Commission to consider how best to promote consumer transparency, awareness and education regarding health data privacy and security policies in Connected Care. An expanding telehealth landscape has meant a growing array of delivery options, including smartphone and mobile apps, remote monitoring devices, wearables and other consumer-facing apps that help to collect, send, manage and use personal health data. As suggested above, Connected Care should embrace an array of telehealth delivery options.

At the same time, patient protections are not necessarily aligned across technologies. The same device or mobile app might or might not be subject to federal health privacy protections, depending on whether it was provided to a patient by covered entity such as a provider, payer or business associate. Some third-party apps may have poor privacy practices, weak security controls and/or policies that explicitly share data liberally with third parties or allow broad uses. Telehealth delivery must include disclosures to patients, in plain language, how their health information will be used/shared, where and when privacy and security protections are in effect. We urge the Commission to collaborate with appropriate federal partners to enhance transparency, privacy and security in Connected Care pilot programs.

We appreciate the opportunity to comment on Connected Care, and look forward to future opportunities to engage with the Commission to improve access to women's health care. If you have any questions about our concerns and recommendations, please contact Sarah Lipton-Lubet, vice president for reproductive health programs at slipton-lubet@nationalpartnership.org or Katie Martin, vice president for health policy and programs at kmartin@nationalpartnership.org, or by phone at (202) 986-2600.

Sincerely,

Debra L. Ness, President

[1] Henry J. Kaiser Family Foundation, State Health Facts, Women's Health, available at https://www.kff.org/state-category/womens-health/

[2] American College of Obstetricians and Gynecologists (ACOG), The Obstetrician-Gynecologist Workforce in the United States, 2017, available at https://www.acog.org/Clinical-Guidance-and-Publications/The-Ob-Gyn-Workforce.

[3] ACOG, Committee Opinion, "Health Care Systems for Underserved Women," 2016, (ACOG, "Health Care Systems for Underserved Women."), available at https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-Systems-for-Underserved-Women

[4] Department of Health and Human Services, Health Resources and Services Administration, Shortage Designations, available at https://bhw.hrsa.gov/shortage-designation/types

[5] Patel and Johnson, ONC Data Brief No. 40, "Individuals' Use of Online Medical Records and Technology for Health Needs," Office of the National Coordinator for Health Information Technology, April 2018, available at https://www.healthit.gov/sites/default/files/page/2018-03/HINTS-2017-Consumer-Data-Brief-3.21.18.pdf

[6] Ray et al., "Missed Opportunity? Leveraging Mobile Technology to Reduce Racial Health Disparities," Journal of Health Policy, Politics, and Law, October 2017, available at https://www.ncbi.nlm.nih.gov/pubmed/28663182.

[7] National Partnership for Women & Families, Fact Sheet, "HINTS 2017: Women and Health Information Seeking," April 2018, available at http://www.nationalpartnership.org/research-library/health-care/hints-2017-women-and-health-info-seeking.pdf

[8] Ibid.

[9] See Statement of Commissioner Jessica Rosenworcel, "Promoting Telehealth for Low-Income Consumers," August 3, 2018, available at https://www.fcc.gov/document/fcc-seeks-comment-launching-connected-care-pilot-program/rosenworcel-statement

[10] Perry Undem, Examining the Health Care Needs and Preferences Of Women Ages 18 to 44, July 2017 https://www.plannedparenthood.org/uploads/filer_public/31/28/312868ed-0dcf-48a2-b146-03087fccff02/perryundem_research_july_2017.pdf

[11] Ibid.

[12] Ibid.

[13] National Quality Forum, Disparities, viewable at https://www.qualityforum.org/Topics/Disparities.aspx

[14] Ibid.